

Book Reviews



Tammi Vacha-Haase, Stephen R. Wester and Heidi Fowell (eds.), *Psychotherapy with Older Men*, New York: Routledge, 2011.

In his Foreword of the book: *Psychotherapy with Older Men*, Kiselica the series editor, proudly announces the arrival of this volume as one that is 'sensitively written', 'scholarly' and exhibiting a blend of clinical experience, and 'sophisticated research expertise on the psychology of men and masculinity'. The rationale for the book is certainly laudable, as it quite rightly identifies that mental health professionals may 'lack knowledge about the lives of older men and how to help them'. The book's intended use is for 'the experienced therapist' and it presumes a degree of competence in the practice of professional psychology.¹

The key undertaking of the book is provision of information that is clear, accessible and instructive, for professionals to engage older men in psychotherapy, '...earn their trust, and join them on their journey during their twilight years'.² In the Preface, the contributing authors immediately erect a thematic mainstay of the book - their view and understanding of masculinity, which is consistently invoked interpretively in relation to men's experience and men's issues, and appears to be foundational to their *psychology* of men and masculinity. They mention their reliance on 'extant literature' that has identified 'concepts of traditional masculine traits'³, and to 'empirical work on the socialised male gender role'. They say of the book that it is a '...conceptualisation of older men's experience...through a lens identifying a lifetime of socialised situations'.⁴

The first two chapters of the book: *Life as an Older Man*, and, *Gender and Aging*, assume the same stance in relation to masculinity, variously characterising it as: 'hegemonic', dysfunctional (with few exceptions), maladaptive, associated with 'social privilege', 'homophobic', and 'aggrieved'. The authors claim not to pathologize men, nor to 'overtly blame them for their problems'⁵ and yet much of the content of these and other chapters reinforce the popular stereotypes of male deficit, and indulge a subtle degradation of the male gender under the guise of caring and concerned therapy.

Whilst this pervasively undermines the value of the book, rendering much of its content at best unhelpful, at worst potentially clinically iatrogenic, and subverts its stated intention and purpose, there is some reason here to come to the authors' defence, albeit in a particular sense. They are merely following an ingrained and widely accepted practice common in the voluminous divinatory genre of literature masquerading as authoritative, dealing with the male gender.

A propensity sadly evident and endemic in academe, particularly in the social sciences and humanities, is a lazy deference to the ideological influence and literature of gender feminist social constructionism. Although now thoroughly discredited by evidence-based scholarship – particularly that of the empirical science disciplines, as largely speculative and theoretically untenable, it doggedly persists as the dominant gender paradigm, in spite of its dilapidation, a bit like the Black Knight in the Monty Python film, *The Holy Grail*.

The most conspicuous characteristics of this paradigm include: its denial of and disconnection from physiological reality, its myopic cultural essentialism, its selective use of statistical data, its assertion of male culpability, and male social and emotional deficiency, and its radical devaluation of thought and thoughtful enquiry, by making the appearance of appealing to intelligence and reason, whilst actually seeking merely to induce moral indignation, and unquestioning adherence and acceptance (a classic strategy of propagandist fundamentalism).

This pseudo-intellectual and unfortunately facile take on gender and psycho-social reality, is within such easy reach of academic authors, and has been so often asserted as the only authoritative and *acceptable* view by popular media and vocal ideologues, that it continues to be the preferred 'off the shelf' 'plugin' product of gender theory. Perhaps more disturbing, is when it is used despite some awareness of its defectiveness, simply because it is safer to do so than to run a line of argument contrary to political correctness; an action admittedly that has proven to be to the detriment of many promising academic careers.

Certainly we should not be surprised that academics can succumb to ideology of this kind; as Jacques Ellul observed: "They absorb the largest amount of unverifiable secondhand, information; they feel the compelling need to have an opinion...and thus easily succumb to opinions offered to them by propaganda on all such indigestible pieces of information; they consider themselves as capable of "judging for themselves". They literally need propaganda."⁶

In treating issues of male emotion and coping, the authors exhibit small knowledge – and appear unaware of the psychology of males and masculinity easily accessible in extant scholarly literature.

In chapter 2, which reflects on a range of mostly rather wilted theoretical material, little of any value emerges to guide and inform psychotherapy. Here again an opportunity to provide relevant evidence-based perspectives is sadly wasted. The incessant and glib reference to 'male socialisation' as a substitute for evidence based analysis and data, or a conceptual and theoretical basis for a psy-

chology of males or masculinity, I found surprising and disappointing. Unfortunately, this was to be the case throughout nearly the entire book.

Chapter 3, takes up the issue of male help-seeking. No surprises here, quite predictably the stance the authors take is that men are reluctant to seek psychotherapy, yes, you guessed it because of the 'socialised male gender'. Would it be so unreasonable to consider for a moment at least that such reluctance, assuming it is true, might have something to do with the reputation mental health, counselling, and psychology professions have for a belittling attitude towards men? Could it be that men are more discerning and self-respecting than people imagine? Why would men want to avail themselves of services that deem them a psychosocially deficient and culpable gender aggregate?

In fact in Australia, there have been some notable experiments in revised service provision, that clearly suggest that men are in fact more than willing to utilise both health and mental health services that are 'male friendly', respectful, and appropriate. It is also interesting to note that Divisions of General Practice (medical) in Eastern Australia, conducted local research on barriers to male access to and utilisation of clinical services.⁷ The findings of this research were consistent with the previously mentioned revised service delivery experiments. Blaming men for not turning up to therapy when they should, is an easy escapism for services and service providers that fail to engage men. An analogy might be helpful here. If you organised a party, invited lots of people to come and nobody turned up, and there you were with tables of food and beverages bound to go to waste, would you simply blame everyone for not caring to turn up, or would ask yourself some serious questions, about your approach, the quality or nature of the event, or even about your own reputation, presumed popularity or social approachability?

One further observation about chapter 3, (and my perception here may not necessarily be shared by other readers), is that if as the authors suggest, the book is for experienced therapists, it significantly misses the mark. I found some of the content patronising and condescending, and at times felt like I was being addressed as a first-year college student in need of a lesson in elementary self-awareness.

Chapters 4 & 5 have some data of value in relation to life transitions and adaptation, and depression in older men. Notwithstanding, here again the authors seek to bend and interpret data to fit with their thematic supposition of speculative social constructionism. A simplistic attribution to 'masculinities' and 'denial' is made instead of an understanding of physiology based differences between male and female depression presentations. Again, the opportunity is missed to offer an evidence based analysis of on-average sex-specific coping styles, the coping assets of males, and their particular symptomatology of experienced powerless giving rise to transient pseudo-depressive symptoms. Common data indicating the particular problems for men with alcohol and abdominal obesity induced serotonergic dysfunction are also absent. There was also opportunity here for the authors to offer a basic critique of the inadequacies of the DSMIV in providing diagnostic depression criteria suited to male clients, and a critique of some anti-depressant prescribing practises of General Medical Practitioners and Physicians that can impact on males quite negatively.

Chapter 6, dedicated to an analysis of anxiety in older men, offers some useful information, but fails to examine vitally important data of physiology as it relates to differential profiles of anxiety of men compared with women, and the connection between these differences and other mental and physical health outcomes. It is interesting that this chapter reflects strongly a medical rather than psychotherapeutic perspective, and yet ignores much robust and readily available data illuminative for interventions of psychotherapy.

The remaining chapters contain some useful data and discussion on chronic health conditions, substance misuse and cognitive conditions of some older males. However, there is still a disappointingly naïve dependence on *explain-all* 'male socialisation' as a substitute for a sound evidence based theory of gender and male psychology.

Sadly the real value of this book is not in what it offers psychotherapists for working more effectively and respectfully with older men, but as an example (at least in part) of a genre of current literature mistakenly reliant on a-priori assertions of popular but largely specious and speculative gender ideology. This represents the antithesis of scholarship. Not only so, but given that psychotherapists can profoundly influence psycho-social and mental health outcomes for patients and clients, to guide clinicians in approaches that may be in the service of ideology rather than evidence based practice, has not only ethical but potentially clinical iatrogenic implications.

A common and unacceptable naivety is that somehow good intentions or the humanism of our craft as psychotherapists is a sufficient regulatory guarantee against doing harm. It is not. The best of therapeutic intentions, if poorly informed, may not only be ineffectual, but also significantly harmful.

I had hoped to find this book informative and scholarly; it proved to be neither, due to its departures throughout from standards of basic academic composition: its uncritical dependence on ideological suppositions of male gender and psychology, the omission of references to important extant sources of data and literature on the subject, and its reinforcement (albeit perhaps unwitting) of an unjust and demeaning deficit image of males.

John Ashfield

Notes

1. *Foreword*, xii – xiv.
2. *Ibid.*, xiv
3. *Preface*, xviii
4. *Ibid.*, xx
5. *Preface*, xx
6. Ellul, J (1974) *Propaganda: the Formation of Men's Attitudes*, New York: Vintage Books, pp. 180-181.
7. Woods, M (2001) *Men's use of GP services*. *New South Wales Public Health Bulletin*, Vol. 12, No. 12.

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